



DOCKET NO.: P0828

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Robert Sandman; Troy Davidson

**For: USE OF AN OPTICAL INTERFACE FOR REMOVABLE MAGNETIC
MEDIA**

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

The above identified application is a:

(check one applicable item below)

- | | |
|-----------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Original | <input type="checkbox"/> Divisional |
| <input type="checkbox"/> Continuation | <input type="checkbox"/> U.S. National Stage of PCT |
| <input type="checkbox"/> Continuation-in-Part | |

My full name (including family name and at least one given name without abbreviation), full post office address, city and state of actual residence and citizenship are as stated below.

I believe that the named inventor(s) is/are the original, first of the subject matter which is claimed and for which a

- | | |
|----------------------------------------------------|----------------------------------------|
| <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent |
|----------------------------------------------------|----------------------------------------|

is sought on the invention, whose title appears above, the application of which:

- | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | is attached hereto |
| <input checked="" type="checkbox"/> | was filed on 3/22/04, as U.S. Application Number 10/805,852 |
| <input type="checkbox"/> | and was amended on (if applicable) |
| <input type="checkbox"/> | was described and claimed in PCT International Application Number , filed on and as amended under PCT Article 19 on and/or PCT Article 34 on . |

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I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to be material to the patentability of this application in accordance with 37 CFR § 1.56.

POWER OF ATTORNEY

- ☒ I hereby appoint the following person(s) of IOMEGA Corporation, 10955 Vista Sorrento Parkway, San Diego, CA 92130 as attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Attorney/Patent Agent	Registration No.
James T. Hagler	40,631

Address all telephone calls, correspondence and maintenance fee correspondence to:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor

Robert

(Given Name)

(Middle Initial or Name)

Sandman

(Family or last name)

City/State of Actual Residence: Syracuse, Utah

Mailing Address:

(include street address, city, state,
and zip code)

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Syracuse, Utah 84075

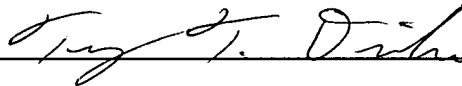
Country of Citizenship: United States of America

Inventor's signature: _____

Robert Sandman

Date: 7/7/04

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of second joint inventorTroy*(Given Name)*I*(Middle Initial or Name)*Davidson*(Family or last name)***City/State of Actual Residence:** Clinton, Utah**Mailing Address:***(include street address, city, state,
and zip code)*953 North 1000 WestClinton, Utah 84015**Country of Citizenship:** United States of America**Inventor's signature:****Date:** 7/7/04